

Changes Permissible During Open Enrollment

PEEHIP Hospital Medical, HMO Plan, Optional Plans, or PEEHIP Supplemental Plan

Single or family coverage enrollment:

- ◆ Add dependent coverage
- ◆ Add additional eligible dependents
- ◆ Transfer from one PEEHIP Hospital Medical Plan to another PEEHIP Hospital Medical Plan or an HMO Plan
- ◆ Transfer from PEEHIP Supplemental Plan to PEEHIP Hospital Medical Plan
- ◆ Apply for PEEHIP CHIP for eligible dependent children
- ◆ Apply for Federal Poverty Discount on hospital medical premiums
- ◆ Enroll in Flexible Spending Accounts for active members.

Optional Plans (Cancer, Dental, Hospital Indemnity and Vision)

- ◆ The state allocation will pay in full for the four Optional Plans for a full-time active employee who is not enrolled in one of the Hospital Medical Plans.
- ◆ If an employee wants to apply the state allocation to the PEEHIP Hospital Medical Plan or the HMO Plan, he or she may purchase one or more Optional Plans. The cost is \$38.00/month for each plan.
- ◆ Optional Plans must be all “Single” or all “Family” plans.
- ◆ The Optional Plans must be retained for the entire insurance year, i.e., through September 30.
- ◆ New employees employed during the Open Enrollment period cannot enroll in the Optional Plans on their date of employment and cancel the plans October 1 of that same year.
- ◆ Members enrolled in family Optional Plan(s) cannot change to single Optional Plan(s) outside the Open Enrollment period unless all dependents become ineligible due to age, death or divorce.

Waiting Periods

Waiting periods on pre-existing conditions will be waived under the following conditions:

- ◆ New retiree subscribers from non-participating units who join immediately upon retirement and have Hospital Medical coverage from the non-participating unit
- ◆ Subscribers of new units joining PEEHIP
- ◆ Subscribers of an HMO Plan who elect to transfer to PEEHIP Hospital Medical or PEEHIP Supplemental Plan coverage effective October 1 or vice versa
- ◆ Any non-subscriber of PEEHIP who elects to enroll in one of the PEEHIP Hospital Medical Plans or the HMO Plan during the Open Enrollment period for an October 1 effective date